



Reimbursement Form Childcare

Personal Information (check will be mailed here)

Name _____

Address _____ City _____

State _____ Zip Code _____ Phone _____ Email _____

Small Group Leader _____

Instructions: Provide information below and mail completed form to:
 Mary Jo Williams, 2126 Tordelo Place, Apex, NC 27502
 Or email to: maryjo@chathamchurch.org

Date	Name of Sitter	Number of Children	Number of Hours	Rate per Hour	Total

Reimbursement Scale

- 1-2 Children \$12.00/hour
- 3-4 Children \$14.00/hour
- 5-6 Children \$16.00/hour
- 7+ Children \$18.00/hour